



Solid Waste & Recycling Office, DPW

1365 Middlesex Street • Lowell, MA 01851

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www.LowellRecycle.org

Ralph Snow
Public Works Commissioner

AFFIDAVIT

New Service/ Additional Service/ Stolen/ Missing/ Delete Elderly

I, _____, who reside ☐ own
First Name Last Name

At: _____ containing _____ dwelling unit(s);
Street Unit 1, 2, 3, or 4 only

am reporting to the City of Lowell:

- a.) ☐ Do hereby request the City of Lowell of curbside collection of **New Services** for trash, recycling, and yard waste

With my signature, I acknowledge that upon filing this form, I will be charged \$125/year/unit; included with my Water/Sewer bill. If I am entitled to the 'senior discount', my bill will be \$32/year {only applicable to single family and duplexes} and I shall receive a 'small' trash cart.

☐ Do hereby request the City of Lowell of curbside collection of **Additional Services** for trash and recycling

With my signature, I acknowledge that upon filing this form, I will be charged an additional \$275/year/unit; included with my Water/Sewer bill.

- b.) That my city issued trash/recycling cart was ☐ stolen or ☐ not left behind by prior property owner.

c.) ☐ Do hereby request the City of Lowell **Delete Elderly discount.**

1.) ☐ Keep Large Toter

2.) ☐ Pick up Small Toter/Drop off Large Toter

With my signature, I will keep or receive a Large Trash Toter (68 gal) and will be charged \$125/year (\$31.25/ qtr). This would not change any billing for water and sewer services.

MSW/SSR	Size of Toter	Serial #	Pick-Up	Drop-Off

I hereby certify that, to the best of my knowledge and belief, all statements made in this document are true and correct. I am aware that this matter will be reviewed by an Inspector and the perjury and willful false statements will subject me to punishment under the law.

Signature

Date

Contact Information:

(____) _____ - _____
Phone Number

_____ @ _____ .com
Email